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Darin Bartholomew

Name of applicant, assignee or
Registered Representative

D. Bartholomew

Signature

4/27/01

Date of Signature

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JUL 17 2001

Technology Center 2600

Our Case No. 10432/29

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
Chapman)
Serial No. 09/731,503)
Filing Date: 12/06/2000)
For: Printing System and Method for)
Customization of a Print Job)

Group Art Unit: 2622

REQUEST FOR CORRECTION OF FILING RECEIPT

The Commissioner for Patents
Washington, D.C. 20231

Attention: Office of Initial Patent Examination's
Customer Service Center

Sir:

Applicants request the issuance of a corrected filing receipt (copy enclosed) for the above-identified application, and in support of this request respectfully state:

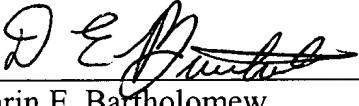
U.S. Serial No. 09/731,503
Filed: 12/07/2000
Page Two of Two

The filing date is incorrect and should be corrected as follows: Please delete
"12/07/2000" and insert - - 12/06/2000 - -. A copy of Express Mail Label No.
EL398316671US is enclosed.

The Commissioner is hereby authorized to charge any fees required to Deposit
Account No. 23-1925. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Dated:


Darin E. Bartholomew
Reg. No. 36,444
Attorney for Applicants

BRINKS HOFER GILSON & LIONE
P.O. Box 10395
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UNITED STATES PATENT AND TRADEMARK OFFICE

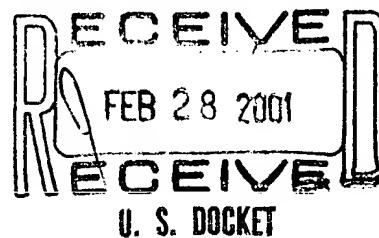
COMMISSIONER FOR PATENTS
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY.DOCKET.NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/731,503	12/07/2000	2622	790	10432/29	8	20	4

CONFIRMATION NO. 1242

Gustavo Siller, Jr.
 BRINKS HOFER GILSON & LIONE
 P.O. Box 10395
 Chicago, IL 60610-0395

BRINKS HOFER GILSON & LIONE



FILING RECEIPT



OC000000005686098

Date Mailed: 02/22/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Edward Neil Chapman, Rochester, NY;

Assignment For Published Patent Application

Heidelberg Digital L.L.C.,;

Continuing Data as Claimed by Applicant

Foreign Applications

If Required, Foreign Filing License Granted 01/16/2001

Projected Publication Date: To Be Determined - pending completion of Corrected Papers

Non-Publication Request: No

Early Publication Request: No

Title

Printing system and method for customization of a print job

Preliminary Class

358

Data entry by : TEKLEMICHAEL, MULU

Team : OIPE

Date: 01/18/2001



FILE COPY



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Bib Data Sheet

CONFIRMATION NO. 1242

SERIAL NUMBER 09/731,503	FILING DATE 12/06/2000 RULE	CLASS 358	GROUP ART UNIT 2622	ATTORNEY DOCKET NO. 10432/29
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APPLICANTS

Edward Neil Chapman, Rochester, NY;

** CONTINUING DATA *****

None MB

** FOREIGN APPLICATIONS *****

None MB

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 01/16/2001

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 8	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged	Allowance Michael B. Burden Examiner's Signature	Initials MB			

ADDRESS

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TITLE

Printing system and method for customization of a print job.

FILING FEE RECEIVED 790	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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